

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="50597.52"/>	<input type="text" value="50597.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50597.52"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="53640.07"/>	<input type="text" value="53640.07"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="104237.59"/>	<input type="text" value="104237.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66780.27"/>	<input type="text" value="66780.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37457.32"/>	<input type="text" value="37457.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14000.00	14000.00
(ii) Unitemized	39640.07	39640.07
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	53640.07	53640.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	53640.07	53640.07
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	53640.07	53640.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	53640.07	53640.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	51642.27	51642.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	51642.27	51642.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5250.00	5250.00
24. Independent Expenditures (use Schedule E)	9888.00	9888.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66780.27	66780.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66780.27	66780.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	53640.07	53640.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53640.07	53640.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	51642.27	51642.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51642.27	51642.27

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Cheryl Blake
 Full Name (Last, First, Middle Initial)
 Mailing Address 899 Tree Ridge Ct
 City Hillsdale State MI Zip Code 49242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 17 / 2016**
Transaction ID : SA11AI.28955
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Jim Braten
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 RUSH Dr
 City Mound House State NV Zip Code 89706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.29136
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Jim Braten
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 RUSH Dr
 City Mound House State NV Zip Code 89706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 15 / 2016**
Transaction ID : SA11AI.29137
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Henry Brock		Date of Receipt MM / DD / YYYY 02 / 13 / 2016 Transaction ID : SA11AI.29081
Mailing Address 1821 Hunting Rd		Amount of Each Receipt this Period 150.00
City Houston	State TX	Zip Code 77010
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Neal Brown		Date of Receipt MM / DD / YYYY 01 / 21 / 2016 Transaction ID : SA11AI.29139
Mailing Address 977 Deale Ave		Amount of Each Receipt this Period 1000.00
City Georgetown	State TX	Zip Code 78628
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. William Bryant		Date of Receipt MM / DD / YYYY 03 / 04 / 2016 Transaction ID : SA11AI.29122
Mailing Address 9266 Treeway		Amount of Each Receipt this Period 250.00
City annapolis	State MD	Zip Code 21401
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Charles Garber
Full Name (Last, First, Middle Initial)

Mailing Address 966 Coach Ct

City Fort Wayne State IN Zip Code 46815

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : SA11AI.29120

Amount of Each Receipt this Period
 250.00

Memo Item

B. Dan Gray
Full Name (Last, First, Middle Initial)

Mailing Address 790 Packview Dr E

City Garden City State KS Zip Code 67846

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016
Transaction ID : SA11AI.29088

Amount of Each Receipt this Period
 150.00

Memo Item

C. Eric Hamlet
Full Name (Last, First, Middle Initial)

Mailing Address 629 Lake St

City Aspen State CO Zip Code 81611

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investment Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2016
Transaction ID : SA11AI.29147

Amount of Each Receipt this Period
 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Jane Heiglem		Date of Receipt MM / DD / YYYY 01 / 30 / 2016 Transaction ID : SA11AI.29069
Mailing Address 853 Eastover 2nd St N		Amount of Each Receipt this Period 100.00
City Morristown	State TN	Zip Code 37814
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jane Heiglem		Date of Receipt MM / DD / YYYY 02 / 14 / 2016 Transaction ID : SA11AI.29070
Mailing Address 853 Eastover 2nd St N		Amount of Each Receipt this Period 100.00
City Morristown	State TN	Zip Code 37814
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Jane Heiglem		Date of Receipt MM / DD / YYYY 02 / 29 / 2016 Transaction ID : SA11AI.29071
Mailing Address 853 Eastover 2nd St N		Amount of Each Receipt this Period 100.00
City Morristown	State TN	Zip Code 37814
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Jane Heiglem
Full Name (Last, First, Middle Initial)

Mailing Address 853 Eastover 2nd St N

City State Zip Code
Morristown TN 37814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2016
Transaction ID : SA11AI.29072

Amount of Each Receipt this Period
100.00

Memo Item

B. Shawn Hill
Full Name (Last, First, Middle Initial)

Mailing Address 3324 Longton Dr

City State Zip Code
Plano TX 75025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self home maker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2016
Transaction ID : SA11AI.28984

Amount of Each Receipt this Period
100.00

Memo Item

C. Shawn Hill
Full Name (Last, First, Middle Initial)

Mailing Address 3324 Longton Dr

City State Zip Code
Plano TX 75025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self home maker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2016
Transaction ID : SA11AI.28985

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Denise Kozojed
Full Name (Last, First, Middle Initial)

Mailing Address 922 Holman Rd

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired farm manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2016

Transaction ID : SA11AI.29130

Amount of Each Receipt this Period
300.00

Memo Item

B. Hank Lansing
Full Name (Last, First, Middle Initial)

Mailing Address 2994 Chandler Road

City State Zip Code
Amarillo TX 79121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2016

Transaction ID : SA11AI.29143

Amount of Each Receipt this Period
1000.00

Memo Item

C. Everett Marker
Full Name (Last, First, Middle Initial)

Mailing Address 988 Ninth St

City State Zip Code
Kent WA 98042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2016

Transaction ID : SA11AI.29141

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. John Pratt
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 Pattman Dr
 City Stoughton State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: retired Occupation: retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: 01 / 17 / 2016
Transaction ID : SA11AI.29134
 Amount of Each Receipt this Period: 500.00
 Memo Item

B. Dean Price
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 155
 City Sunriver State OR Zip Code 97707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt: 03 / 22 / 2016
Transaction ID : SA11AI.29126
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Tom Sage
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Hollow Rd
 City Pound Ridge State NY Zip Code 10576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: retired Occupation: retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt: 02 / 09 / 2016
Transaction ID : SA11AI.28921
 Amount of Each Receipt this Period: 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Lucy Sensing
Full Name (Last, First, Middle Initial)

Mailing Address 995 Sight Ave

City Wayzata State MN Zip Code 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer Mingle LLC Occupation Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 14 / 2016
Transaction ID : SA11AI.29128

Amount of Each Receipt this Period 300.00

Memo Item

B. David Shaw
Full Name (Last, First, Middle Initial)

Mailing Address 408 CREAM Cir

City Pleasanton State CA Zip Code 94588

FEC ID number of contributing federal political committee. **C**

Name of Employer Auxiliary Hire Inc Occupation Business Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2016
Transaction ID : SA11AI.28928

Amount of Each Receipt this Period 75.00

Memo Item

C. Al Skotte
Full Name (Last, First, Middle Initial)

Mailing Address 788 Fifth Ave

City Austin State MN Zip Code 55912

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2016
Transaction ID : SA11AI.29124

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Allen Smith
Full Name (Last, First, Middle Initial)

Mailing Address 138 N Cross St

City Chandler State AZ Zip Code 85226

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11AI.29111

Amount of Each Receipt this Period
 150.00

Memo Item

B. Robert Spencer
Full Name (Last, First, Middle Initial)

Mailing Address 219 Broen Hill Cir

City Huntsville State AL Zip Code 35802

FEC ID number of contributing federal political committee. **C**

Name of Employer AC, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2016

Transaction ID : SA11AI.29044

Amount of Each Receipt this Period
 100.00

Memo Item

C. Ed Starostovic
Full Name (Last, First, Middle Initial)

Mailing Address 933 Maner Ave

City Palm City State FL Zip Code 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.29132

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. William Tate
Full Name (Last, First, Middle Initial)

Mailing Address 964 Berd Rd

City Elburn State IL Zip Code 60119

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2016
Transaction ID : SA11AI.29149

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Sherry Wynn
Full Name (Last, First, Middle Initial)

Mailing Address 9214 Ford St

City College Park State MD Zip Code 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.29145

Amount of Each Receipt this Period
 1000.00

Memo Item

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	14000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Alvin Williams

Mailing Address PO Box 8335

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Administrative and Management - Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : SB21B.29180

Amount of Each Disbursement this Period

4100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Alvin Williams

Mailing Address PO Box 8335

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Administrative and Management - Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2016

Transaction ID : SB21B.29181

Amount of Each Disbursement this Period

4100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Alvin Williams

Mailing Address PO Box 8335

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Administrative and Management - Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : SB21B.29182

Amount of Each Disbursement this Period

4100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Campaign Funding Direct

Mailing Address 1801 I Sara Drive

City Chesapeake State VA Zip Code 23320

Purpose of Disbursement
Postage & Lettershop Services - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.29185

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Funding Direct

Mailing Address 1801 I Sara Drive

City Chesapeake State VA Zip Code 23320

Purpose of Disbursement
Postage & Lettershop Services - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.29151

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign Funding Direct

Mailing Address 1801 I Sara Drive

City Chesapeake State VA Zip Code 23320

Purpose of Disbursement
Postage & Lettershop Services - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.29183

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Colortree, Inc. of VA

Mailing Address 2519 Brittons Hill Rd.

City Richmond State VA Zip Code 23230

Purpose of Disbursement
Postage & Lettershop Services - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.29157

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. iVon Solutions

Mailing Address 1250 24th Street, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Website Development & Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.29168

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. iVon Solutions

Mailing Address 1250 24th Street, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Website Development & Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B.29169

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. C.E. Jones

Mailing Address 2705 Knox Terrace

City Washington State DC Zip Code 20020

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2016

Transaction ID : SB21B.29171

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. C.E. Jones

Mailing Address 2705 Knox Terrace

City Washington State DC Zip Code 20020

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : SB21B.29172

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Margaret Ekam

Mailing Address 816 Curry Ford Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Public Relations - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2016

Transaction ID : SB21B.29176

Amount of Each Disbursement this Period

300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Margaret Ekam

Mailing Address 816 Curry Ford Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Public Relations - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : SB21B.29177

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Margaret Ekam

Mailing Address 816 Curry Ford Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Public Relations - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2016

Transaction ID : SB21B.29178

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MDI Imaging

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147

Purpose of Disbursement
Postage & Lettershop Services - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : SB21B.29150

Amount of Each Disbursement this Period

5225.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5825.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Northwestern Mutual Life

Mailing Address 720 East Wisconsin Avenue

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Liability Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2016

Transaction ID : SB21B.29186

Amount of Each Disbursement this Period

1889.43

Memo Item

Full Name (Last, First, Middle Initial)

B. Omega List Company

Mailing Address 1420 Spring Hill Rd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
List Rental Fee - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2016

Transaction ID : SB21B.29184

Amount of Each Disbursement this Period

3568.36

Memo Item

Full Name (Last, First, Middle Initial)

C. Postmaster

Mailing Address 8245 Boone Blvd.

City Vienna State VA Zip Code 22182

Purpose of Disbursement
Postage - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2016

Transaction ID : SB21B.29156

Amount of Each Disbursement this Period

4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9457.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Synergy Workplaces

Mailing Address 1325 G Street, N.W.
Suite 120

City Washington State DC Zip Code 20005

Purpose of Disbursement
Workspace Expense (Rent, Utilities)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.29173

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Synergy Workplaces

Mailing Address 1325 G Street, N.W.
Suite 120

City Washington State DC Zip Code 20005

Purpose of Disbursement
Workspace Expense (Rent, Utilities)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.29174

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Synergy Workplaces

Mailing Address 1325 G Street, N.W.
Suite 120

City Washington State DC Zip Code 20005

Purpose of Disbursement
Workspace Expense (Rent, Utilities)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.29175

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Lockbox and Caging - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB21B.29153

Amount of Each Disbursement this Period

2705.79

Memo Item

Full Name (Last, First, Middle Initial)

B. ZIP Mailing Services

Mailing Address 6304 Sheriff Road Suite 2

City Landover State MD Zip Code 20785

Purpose of Disbursement
Postage & Lettershop Services - Generic

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : SB21B.29155

Amount of Each Disbursement this Period

3766.74

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6472.53

TOTAL This Period (last page this line number only)..... ▶

51642.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ELBERT GUILLORY

Mailing Address PO BOX 160

City LAWTELL State LA Zip Code 70550

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SB23.28569

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GREGORY HOLMES

Mailing Address 13601 MACDERNUT CT

City UPPER MARLBORO State MD Zip Code 20774

Purpose of Disbursement
Political Contribution

Candidate Name

GREGORY HOLMES

Office Sought: House
 Senate
 President
State: MD District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SB23.28572

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HURD FOR CONGRESS

Mailing Address PO BOX 761029

City SAN ANTONIO State TX Zip Code 78245

Purpose of Disbursement
Political Contribution

Candidate Name

HURD FOR CONGRESS

Office Sought: House
 Senate
 President
State: TX District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : SB23.28564

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3250.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) BLACK AMERICA'S POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00300921
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Capital City Media, LLC		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016	
Mailing Address P0 Box 50433				Amount 2500.00	
City Columbia	State SC	Zip Code 29250		Transaction ID : SE.29166	
Purpose of Expenditure Radio Advertisement		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 01 / 20 / 2016	
Name of Federal Candidate BENJAMIN S SR MD CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		2500.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Glory Communications, Inc.		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2016	
Mailing Address 1345 Garner Ln Suite 104A				Amount 4300.00	
City Columbia	State SC	Zip Code 29210		Transaction ID : SE.29167	
Purpose of Expenditure Radio Advertisement		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 01 / 20 / 2016	
Name of Federal Candidate BENJAMIN S SR MD CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		6800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6800.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	_____
(c) TOTAL Independent Expenditures..... ▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Douglass White
Signature

[Electronically Filed]

Date **04 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) BLACK AMERICA'S POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00300921
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee iHeartMedia, Inc.		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016
Mailing Address 200 East Basse Road			Amount 3088.00
City San Antonio	State TX	Zip Code 78209	Transaction ID : SE.29160
Purpose of Expenditure Radio Advertisement	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 01 / 25 / 2016
Name of Federal Candidate BENJAMIN S SR MD CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 9888.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address			Amount
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3088.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9888.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Douglass White

Signature _____ [Electronically Filed] Date MM / DD / YYYY **04 / 13 / 2016**